

State of Washington

Department of Retirement Systems

# Beneficiary Designation for LEOFF & WSPRS Retirees

Department of Retirement Systems

PO Box 48380

Olympia, WA 98504-8380

Toll Free: 1-800-547-6657

Local: 1-360-664-7000

TDD: 360-586-5450

Covers death that occurs as a result of injuries sustained in the course of employment. Important: Before completing this form, carefully read the instructions on the back.

## Section One: Identification – Type or print in dark ink and return completed original form to your employer

Last name		First name		Middle name
Retirement System – check one only		<input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' <input type="checkbox"/> Washington State Patrol		Social Security Number
Telephone Number (Work or Daytime) ( )			Telephone Number (Home) ( )	

## Section Two: Beneficiary Designation – You must designate at least one primary beneficiary

Full name of persons or estate	Designation	Relationship	Date of Birth	Address
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	Must check one			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	Must check one			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	Must check one			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	Must check one			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	Must check one			City State Zip
Trusts or organizations	Designation	Trustee or Administrator		Address
Name:	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
	Must check one			City State Zip

## Section Three: Certification – Complete in full

I, \_\_\_\_\_ (print name), hereby direct that the \$150,000 death benefit, unless otherwise specified or required by law, be paid in equal shares to any primary beneficiaries named above who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named above who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this form revokes any prior designations I have made.

Signature of Member

Date

Address

City

State

Zip Code

## Section Four: Witness – To be completed by the person who witnesses the member's signature on this document

I, \_\_\_\_\_, am witness that the above named member completed and signed this document.

Witness's name – please print

Signature of Witness

Date

Address

City

State

Zip Code

**Note to Members and Retirees:** This form **cannot** be used to designate a beneficiary to receive a monthly survivor benefit or a refund of retirement contributions from the Department of Retirement Systems.

**Instructions:** Use this form to designate or change your beneficiary(s) eligible to apply for benefits under RCW 43.43. This law provides a \$150,000 benefit if your death occurs as a result of injuries sustained in the course of employment as a law enforcement officer or firefighter. **Eligibility to receive the benefits will be determined by the Department of Labor and Industries.**

Your designated primary and contingent beneficiary or beneficiaries may be a person, persons, your estate, a trust, or an organization. Primary beneficiaries will receive any monies payable under this law. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(ies) will receive the money. If there is no designated beneficiary still living at the time of your death, the death benefit will be paid to your surviving spouse. If there is no surviving spouse, the benefit will be paid to your legal representative.

To make your designation:

1. Complete Section One.
2. In Section Two, type or print in ink the requested information and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary.

When naming a person, always show given names. For example:  
MARY K. DOE (not Mrs. Robert Doe)

You may designate more than one primary beneficiary. If you do, the benefit will be divided equally among all named primary beneficiaries.

After naming your primary beneficiary(ies), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the benefit will be divided equally among all contingent beneficiaries.

3. Complete and sign Section Three.
4. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign Section Four. The witness must be someone other than a designated beneficiary.
5. The form must be returned to your employer to be made a permanent part of your personnel file. Your employer will mail the form to DRS at the time of your death.

**Important: Make a copy of your beneficiary designation and retain it for periodic review to ensure that it remains valid.**

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize DRS to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.